



CITY OF LEOMINSTER

Recreation Department

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Date of Application: _____

Position(s) Applying For: _____

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In
☐ Employment Agency ☐ Other _____

Have you ever worked for the Recreation Dept. before or another City Dept.? _____

If so, for who & when? _____

What was your position? _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (____) _____ Social Security Number _____ | _____ | _____
Area Code

If employed and you are under 18,
can you furnish a work permit? ☐ Yes ☐ No

(Proof of citizenship or immigration status
will be required upon employment.)

On what date would you be available for work? _____

Are you available to work ☐ Full Time ☐ Part-Time ☐ Shift Work ☐ Temporary

Are you on a lay-off and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer	Telephone ()	Dates From	Employed To	Work Performed
Address				
Job Title		Hourly Starting	Rate/Sal. Final	
Supervisor				
Reason for Leaving				
2. Employer	Telephone ()	Dates From	Employed To	Work Performed
Address				
Job Title		Hourly Starting	Rate/Sal. Final	
Supervisor				
Reason for Leaving				
3. Employer	Telephone ()	Dates From	Employed To	Work Performed
Address				
Job Title		Hourly Starting	Rate/Sal. Final	
Supervisor				
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications
acquired from employment or other
experience. _____

Veteran of the U.S. Military service? ☐ Yes ☐ No If Yes, Branch _____

EDUCATION

	Elementary	High	College/ University	Graduate/ Professional
School Name				
Year Completed/ Degree	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills and Extra- Curricular Activities				

Honors Received: State any additional information you feel may be helpful to us in considering your application.

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

A drug screen and background check is required.

Print Name and Date

Signature of Applicant

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No
Remarks _____

Employed ☐ Yes ☐ No Date of Employment _____ Interviewer _____ Date _____
Job Title _____ Rate of Pay _____
By _____
Name and Title _____ Date _____

**Applications may be brought into the Recreation Department Office at
40 Barrett Parkway in Leominster or mailed to the Leominster Recreation
Department, 25 West Street, Leominster, MA 01453.**